Confidential Document

Events of 12/22-12/23:

I was offered a young kidney and pancreas donor, UNOS ID [redacted] for recipient MRN [redacted] Donor died of a gunshot wound to the chest, and received massive blood transfusion 17 units at Kaweah Delta Medical Center in Visalia. There was no pre-transfusion blood sample available. The initial screening of the donor came back blood type O. The patient was transferred to CRMC Fresno for ongoing care. He suffered severe anoxic brain injury and was referred for organ donation. At CRMC, one week after the trauma, the patient continued to type as blood group O. Donor Network informed me that [redacted] at UCSF had also accepted a kidney and had had his blood bank director confer with the blood bank director at CRMC Fresno, and that both were satisfied that the blood type was O. I contacted [redacted] directly to verify this information and I accepted the donor as an O. All information was gathered from discussion with Donor Network West staff and review of documents in Donornet.

The transplant procedure proceeded uneventfully until we unclamped the vessels to the pancreas. At that time, we got a call in the operating room that this donor's heart transplant recipient in San Diego had experienced failure of the allograph, suspected from hyperacute rejection, and had been placed on ECMO and relisted urgently for a new heart. The pancreas transplant meanwhile, took on a progressively altered appearance. I spoke with [redacted] again at this time, as he had implanted the other kidney from this donor. He informed me that the transplant operation was uneventful and the kidney looked fine when he closed. Hearing this, we implanted the kidney. Once blood flow was restored to the kidney, it initially looked good, but over the course of 20 minutes progressively worsened in appearance. A biopsy was done, which was inconclusive. I re-examined the pancreas at this time, and noted that the duodenal segment was not viable. Accordingly, I discussed this situation with my partner [redacted], and elected to remove both organs and close the patient rather than proceeding to plasmapheresis or other modalities reasoning that it was in the patient's best interest for a speedy recovery. I informed the family, the referring nephrologist, and subsequently the patient that the patient had suffered a hyperacute rejection from blood group incompatibility and the organs had to be removed. The patient is recovering uneventfully, is home recovering uneventfully and will be re-listed for transplantation without loss of waiting time once he recovers from this surgery and we ascertain any sensitization that occurred from the brief exposure to the donor organs. We are maintaining him on low dose immunosuppression to avoid this possibility. I was informed on 12/25 by [redacted] at DNWest that [redacted] had also removed the kidney he transplanted.

Comfort level with accepting the blood type:

- Typing on the 20th, one week after the massive transfusion continued to be O
- Discussion with [redacted] at UCSF verifying that the Blood Bank directors at UCSF and Fresno Community Hospital conferred and confirmed the blood type
- Seeing that multiple other centers, reviewing the same information I had were proceeding to accept the organs